

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

Delphi Corporation

Debtors

In Proceedings For A Reorganization Under
Chapter 11

Case No. 05-44481

Claim # Unknown

NOTICE: OF TRANSFER OF CLAIM PURSUANT TO FRBP RULE 3001 (e) (1)

To transferor:

Colbert County - Northwest
Alabama Healthcare,
DBA Helen Keller Hospital P.O box 610
Sheffield, AL 35660

The transfer of your claim as shown above, in the amount of \$ 720.00 has been transferred
(unless previously expunged by court order) to:

Trade-Debt.Net
P.O. Box 1487
West Babylon, NY 11704

No action is required if you do not object to the transfer of your claim. However, **IF YOU OBJECT TO THE TRANSFER OF YOUR CLAIM, WITHIN 20 DAYS OF THE DATE OF THIS NOTICE, YOU MUST:**

FILE A WRITTEN OBJECTION TO THE TRANSFER with:

United States Bankruptcy Clerk
Southern District of New York
Alexander Hamilton Custom House
One Bowling Green
New York, NY 10004-1408

SEND A COPY OF YOUR OBJECTION TO THE TRANSFEREE.

Refer to INTERNAL CONTROL NO. _____ in your objection. If you file an objection, a hearing will be scheduled.

IF YOUR OBJECTION IS NOT TIMELY FILED, THE TRANSFEREE WILL BE SUBSTITUTED ON OUR RECORDS AS THE CLAIMANT

FOR CLERK'S OFFICE USE ONLY:

This notice was mailed to the first named party, by first class mail, postage prepaid
on _____, 200 ____.

INTERNAL CONTROL NO. _____

Copy: (check) Claims Agent _____ Transferee _____ Debtor's Attorney _____

Deputy Clerk

Trade-Debt.net
PO Box 1487
West Babylon, NY 11704

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re.

Delphi Corporation.

Debtors.

)
) Case No.05-44481
) Jointly Administered

) Chapter 11

) **NOTICE OF TRANSFER OF CLAIM**
) **OTHER THAN FOR SECURITY AND**
) **WAIVER OF NOTICE.**
) **RULE 3001 (e)(1)**

Please take notice that your unsecured claim of COLBERT COUNTY - NORTHWEST Inc in the amount of \$ 720.00 and all Proofs of Claim have been transferred and assigned other than for security to Trade-Debt.net, Inc. The signature of the transferor on this form is evidence of transfer of the claims, proofs and all rights thereunder. Transferor does hereby agree to waive notice as described by Bankruptcy Rule 3001 (e) (1).

I, the undersigned transferor of the above described claims, or proofs of claim hereby assign and transfer my claims and all rights thereunder to Trade-Debt.net Inc. upon the terms as set forth in the offer letter received. I assert that the claim of COLBERT COUNTY - NORTHWEST is not less than \$ 720.00 and has not been previously transferred, and that the debtor has not objected to or satisfied this claim. Upon notification by Trade-Debt.net, I agree to reimburse Trade Debt.net, Inc. a pro rata portion of the purchase price if the claim is reduced, objected to or disallowed in whole or part by the debtor, the Court, or any other party. I agree to deliver to Trade Debt.net, Inc. any correspondence or payments received subsequent to the date of this agreement. The clerk of the court is authorized to change the address regarding the claim of the transferor to that of the transferee listed below.

Transferor:

COLBERT COUNTY - NORTHWEST
ALABAMA HEALTHCARE AUTHORITY, DBA HELEN KELLER HOSPITAL PO BOX 610 SHEFFIELD AL 35660

Please print your name Dianne Pace Signature Dianne Pace

Title Collection Supervisor Date 2-8-06

Address: 1300 S. Montgomery Ave. (P.O. Box 610) Sheffield, Al. 35660
(city,state,zip)

Telephone 1-256-386-4010 Fax 1-256-386-4685 Email dpace@helenkeller.com

Federal Taxpayer ID / Social Security Number 63-0288825

Transferee:

TRADE-DEBT.NET
P.O. BOX 1487 West Babylon, NY 11704

By: Timothy McGuire

Delphi auto2